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An Inaugural Dissertation

On Dysentery

Joseph Griffith -

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to the

Joseph Smith

about the year 1780

Preface.

Nothing but the impious necessity of preparing an ~~opportunity~~ ^{opportunity} on some medical subject, previous to obtaining the degree of Doctor of Medicine, should have tempted my appearing before you in the character of an author; but in obedience to the rules of this institution of which I have the honor of being a member, I have thrown together a few hasty remarks on dysentery.

As this disease owing to its mortality & universal prevalence during the autumnal months, has claimed the attention of medical men from the earliest ages; it cannot be expected that one who professes himself a Tyro in science and letters, should advance anything new or profound upon it; a brief and unvarnished essay, including a few observations made during a few years practice, and the usual attendance on medical Lectures is all that must be looked for.

History

Dysentery is a disease of warm rather than cold countries, and occurs especially in the latter summer or autumnal months, at the same time with intermitting or remitting bilious fevers. It is a disease claiming strict attention from military physicians, as Soldiers when exposed to rains during the autumnal months, or compelled to encamp or carry on their operations in low swampy districts, are extremely liable to be attacked by this scourge of armies, and after driving campaigns in such situations more men perish from this one cause than by the sword.

Symptoms

It is a disease generally characterized by frequent mucus discharges, sometimes tinged with blood, at other times not; in the latter case constituting the dysentery *acuta* or mucosus of Doctor Ke-

Proctum. It is also attended with much griping and tenesmus, fruitless attempts at stool, in the indulgence of which little being voided, and that of an unnatural appearance. The excrementitious matter most commonly consists of mucus mixed or streaked with blood, and oft times of thin serous matter or fragments of a membranous appearance, consisting of a coagulated lymph; these are sometimes mistaken for excoriations of the villous coat of the sigmoid ~~portion~~ of the intestines. When natural excrements are discharged they generally are in the form of scybala, of a firm texture and round shape; corresponding with the cells of the colon in which they were formed, and in which they have probably lain since the commencement of the complaint. the formation of these however, I believe not to be a universal occurrence, as I have -

witnessed cases in which the patient recovered, where no such matters were visible in the alvine discharges. Dysentery is often ushered in by a diarrhoea, though at times, obstinate constipation marks the approach of the disease several days previous to its commencement, attended with flatulence and considerable disorder of the stomach; but in whatever way it makes its first appearance, it soon puts on its characteristic symptoms. At times, in the commencement a pure and unmixed blood is voided in considerable quantity. An intimate combination of the blood with the faecal matter discharged, is a mark of its coming from a higher source than the lower intestines. The serum Dr J. S. observes is the cause of the irritation, and descends from the higher parts of the canal, whilst the mucus is secreted from the rectum & lower intestines.

Streaks of blood denote the opening of small vessels at the extremity of the rectum. The stools in the commencement of the disease have a faint smell, but should mortification come on the faecor is intolerable. Dysentery is generally complicated with fever, and those put on various types, being intermittent, remittent, and sometimes of a typhus character; the latter appeared to be the concomitant fever the preceding autumn, and to this we must impute the many fatal cases of dysentery.

The Terminations of this disease are various. It sometimes ceases gradually, after proper treatment, the stools becoming natural, and the griping with the tenesmus entirely ceasing. In other cases, the disease after continuing a considerable length of time, ends in a diarrhoea, accompanied with hectic symptoms.

The extremity of the alimentary canal is generally the last part that recovers. This com

This complaint at times terminates in a severe attack of rheumatism, being as it were thrown upon the extremities: I have witnessed several cases, and owing perhaps to this, some writers have gone so far as to consider Dysentery altogether a rheumatic affection of the bowels.

Our Prognosis in this disease should be extremely guarded, as apparently desperate cases at times recover. We may consider the patient in danger when the first pulse and physic does not relieve him; the symptoms with the hectic fever continuing to increase, the pulse fluttering and inconstant, the countenance much changed, the patient restless without complaining of gripes: also, cases attended with little or no discharge from the bowels, have inflammation probably transcends the secretory point, they appear to be of the nature of cholera, the pain

being similar, and generally terminate gradually. In the low and advanced stages, hiccup if obstinate, denotes mortification: the blood intimately mixed with the juices is a mark of danger; sore throat, or aphthae, involuntary stools &c. mark the approach of death.

Causes are crude indigestible matters received into the stomach: the ordinary causes of continual or intermittent fevers; sensible qualities of the atmosphere, as sudden transition from heat to cold, or from dryness to moisture. It alternates with rheumatism & appears to be of a catarrhal or rheumatic nature. It may be considered a disease generally originating from marsh effluvia, and peculiarities in the atmosphere; we must infer from this its primary seat to be the stomach, finally extending itself to the larger intestines, the actual condition of the parts, produced by the above causes, and upon which most

of the symptoms depend, appears to be an in-
flamm^{atory} state of the mucous membrane
lining the primæ viæ, especially of the low-
er intestines; together with this, and proba-
bly in great part caused by it, there is a pos-
sential constriction of their muscular fi-
bres. Those two circumstances are sufficient to
explain many of the symptoms; the retention
of the natural faeces in the colon will account
for the nonappearance of natural excrement,
and the inflamed state of the lining membrane
is the cause of the copious effusion of mucus.
We accordingly find on dissection, where there is
not too much disorganization from gangrene
constrictions of the colon, and the consequences
of violent inflammation may be detected, such
as thickening of the coats of the intestines, ul-
cerations in the colon and rectum, though the lat-
ter is by no means a necessary consequence of
dysentery. Also a particular appearance of the

colon and rectum resembling small pox, being caused by gangrene, which sometimes extends their whole length. The small intestines are seldom found in a diseased state but are considerably inflated.

Diagnosis Dysentery resembles diarrhoea in some respects, but may be distinguished from it, by the tenesmus or fruitless attempts at stool, by the absence of natural feculent micturition in the evacuations, and the small quantity evacuated, though the latter symptom often attends diarrhoea especially of advanced life. Also by the discharge of blood with the stool which does not occur in diarrhoea: the fever attending dysentery serves as a distinguishing mark: the two diseases often run into each other; Diarrhoea is not a contagious disease, whereas dysentery when attended with typhus fever is so. From the Colic it is discriminated by the constipation

and acuteness of pain attending the latter disease, and also by the presence of tenesmus.

Treatment. Dysentery may be considered a disease in which the efforts of nature towards effecting a cure are for the most part abortive: but if the views we have taken of the disease be correct; that is, we consider it an inflammatory affection of the lower bowels, especially of their interior coats, accompanied with stricture of the colon; which is to be considered in great part an effect of that inflammation; the indications of cure are sufficiently obvious, our first object should be to remove the inflammation together with the morbid irritation and spasm attending it; for effecting this purpose venesection is demanded, and in stinging habits, where inflammatory symptoms run high, blood in considerable quantity should be drawn; the operation

being repeated as often as the state of the system should demand it; but during some seasons when the system appears disposed to fall into a typhus condition, caution in the use of bloodletting becomes necessary; but generally in our climate it is called for, as a prelude to the rest of the treatment; and in the words of a worthy professor, it excels all other means in ~~relieving~~ awaking susceptibility to remedial impression; it certainly has a powerful effect in relieving the constriction existing at this time. We next, in cases attended with morbid irritation, nausea and attempts to vomit, with accumulations of bile, resort to the use of an emetic; and this is particularly necessary with the Dysentery arising in miasmatic districts. The antimony appears to be the most appropriate purge in such cases;

when a milder one will answer, the *Spicacanth*
may be used. But the principal object to be
attained in a recent case of Dysentery, other
to which the foregoing may be considered in-
troductions, is an ample evacuation of the
intestinal canal; the morbid secretions, to-
gether with the acrid matters already in the
bowels, no doubt have a tendency to increase
all the symptoms, the indication to be ful-
filled, is the removal of those with as little
irritation to the inflamed surface of the
intestine as possible: for this purpose we
resort to the milder cathartics, and to suc-
ceed the emetic, nothing is preferable to
the castor oil, Rochelle or Glauber's Salt, and
tartar Emetic together in solution, will be
found extremely serviceable: this causes a
copious evacuation. At times the bowels
will not be acted upon by the above ar-
ticles, here we resort to a strong decoction

of Luna holding Glauber's salts in solution,
or a purgative preparation composed of Bal-
sam Copraiva, mucilage of gum arabic &
Lavender water; the latter prescription has
been highly recommended by Dr. Cadwell.
In bilious cases, and those occurring in mias-
matic districts are often of a bilious char-
acter; mercurial purges will be found much
the best; large and repeated doses of calo-
mel, at times combined with opium, will
be found much the best, and answer the
purpose where many others have failed; we
know one valuable property of calomel
when applied to inflamed surfaces as it
would be here; it does not increase the in-
flammation or excite irritation. It may also
be given in combination with rhubarb.

In conjunction with the above treatment,
mucilaginous injections will be found neces-
sary, consisting of flaxseed tea, with 100 grs.

of lundum: opiates administered in this way
has the effect of relieving the pain, without
interfering in any great degree with the op-
eration of the cathartics. We may also use
a solution of gum acacia in water, or a
decoction of starch. After evacuations have
been procured, and before if the pain should
be distressing, opiates in some form may
be administered, when exhibited in the e-
vening we reap most advantage from them
as sleep during the night appears more
restorative and refreshing than during
the day: the opiate however should not be
suffered to interfere with the operation of
the cathartic: we generally continue the
purgative until the stools become ste-
coraceous, and for this purpose we must alter-
nate the different purgatives; should the stools
still continue suppurative and symptoms of
approaching gangrene appear, the Castor-

oil combined with the ~~the~~ turpentine will be
the best; the turpentine appears to increase its
purgative operation, and the salutary effects
which result from the use of this article in
gastritis, and other affections of the Alimenta-
ry canal about to terminate in gangrene,
may be expected from its use as dysentery;
especially when attended with much pain
and distension of the abdomen: we should also
wrap cloths out of it and apply them to the
patient's belly. like most other complaints
pertaining to the nature of our autumnal
fevers, this disease is accompanied with a
stricture of the extreme vessels, and a consequent
suppression of perspiration; and though sweat-
ing may take place from the natural ef-
forts of the system, it appears to be of a mor-
bid kind, and does not relieve the symptoms;
it therefore becomes necessary an indication of
primary importance to restore this function

to its natural and healthy state, and for this purpose we shall find few remedies to compare with the antimonial tartaric of potash, given in small doses often repeated it will have the effect of restoring the healthy action of the skin, and also evacuating the alimentary canal. We may also employ Ipecacuanha in combination with calomel and opium, this will be found superior to Dover's powder. Calomel in small doses is found to be very beneficial in bowel complaints, and the Purgative is known to be serviceable where there is much tension. In conjunction with the above means, where there is tension of the abdomen we may employ fomentations, also the warm bath will be found of importance and is to be borne in mind. Blisters are indispensable in this stage of the complaint, some prefer the extremities in order to avoid

the inconvenience they occasion when applied to the abdomen; but I certainly should consult the safety of the patient in preference to his present feelings; and apply them to the belly, a large one to cover the lower part of the abdomen is best, it will subdue inflammation, and loosen the constriction and morbid irritability of the parts. But in some cases of this obstinate complaint, notwithstanding the use of all the above remedies during the early and acute stages, it continues unbroken; the fever assumes still more of the hectic form, with some morrhæ, the throat and tongue covered with aphthæ, the pulse feeble and small, the strength sunk and the body more or less emaciated; and in addition to this perhaps great anxiety at præcordia, with extreme difficulty of breathing, the stools small and frequent, consisting of purulent or sanguinous

matter together with mucus speckled with blood, the torminae and tenesmus very distressing, this we may indeed consider a discouraging state of things, but still there are hopes, and if the expectation be allowable we must combat death a while longer. In this advanced stage of the disease, the evacuation of the offending matter from the bowels is still the leading object of medicine; and for this purpose the mildest means must be employed, we must have by bland mucilaginous drinks endeavour to diminish the acrimony of the matter lodged within the intestines, and procure respite from pain and spasm by anodynes. For fulfilling the first we may employ the castor oil with the Spts. turpentine, any of the mild oils combined with the tincture of Rheubarb; we may also employ the gum arabic, or any of the mucilaginous diluents, holding the mucous matter

in solution, and given in conjunction with opiates, are well adapted to this stage of the complaint; should the torminae and tenesmus be distressing, the oleaginous mixture composed as follows will be found excellent.

℞ Cas. oil. 1. ℥.
Gum arab. 4. ℥.
Loaf sugar 1. ℥.
Zaïn. 60 qts.

liquor. Menth. 4. ℥. dose
℥ss. every two or three hours; this is highly recommended by our present Prosector of the practice and I have found much benefit to result from its use; we may also employ the coctitious julap; and in conjunction with the above mild injections, such as a decoction of the linseed, or fat mutton broth in the quantity of 6 or 8 ounces if it can be retained; but the best of all for the purpose of allaying the torminae and tenesmus, is.

an injection composed of fresh butter melted,
this should be free from salt or acridity, and
administered in the quantity of half a pint
or three gills: where there is much pain
or tenesmus, and especially where the
glysters cannot be retained any length
of time, it becomes necessary to combine
laudanum with them, or push a pill or
two of opium up the rectum: the intestine
will make no effort to expel it, and some
benefit will generally result from it, and al-
leviation of the tenesmus &c. The diet should
be light, ~~and~~ consisting chiefly of rice, milk,
sago, arrow root, light puddings and pa-
nadae. Animal food of all kinds, except fresh
mutton broths is not allowable, as milk &c.
it is to be recommenced. For drink in
this stage of the complaint we may em-
ploy rice or barley water, a decoction of
starch with gum acacia, weak linseed tea

the above drinks may be seasoned with cinnamon water or sugar. McJure, Physician to the French Army was in the habit of giving in the advanced stages, one grain of antimony dissolved in a pint of whey or chicken water every day in divided doses, and this answered for drink and medicine until the patient recovered. This quantity of antimony I should consider too small.

In many cases the Dysentery assumes a chronic form, and the patient is kept low by the irritation of a tenesmus, or by frequent retentions of diarrhoea; there may also be some hepatic affection, here salivation may be resorted to, Calomel may be given in small doses, together with frictions of mercurial ointment; the blisters on the abdomen should be kept discharging, and a flannel roller applied round the belly of the patient, flannel should be worn next

the skin; we may here give a grain or two
of Spicacucanba combined with opium sev-
eral times a day with marked advantage,
also the decoction of logwood; to this we may
add the infusion of colombo; and in case
the patient is strong enough gentle exer-
cise as riding on horseback. If the food be
carried off imperfectly digested, constituting
a lumbric, which is owing to an inflexible
state of the bowels, the astringent vegetable
substances, such as catechu, logwood, the
Dioscorea root &c. with opiates are to be
administered. Pringle observes, in those cas-
es he has often known a cure to be ef-
fected where astringents have been of no
avail by a milk diet without them.
To prevent a relapse the patient should be
warm clothed with flannel next the skin, use
gentle exercise in the open air; observe reg-
ular hours in eating and sleeping, and use

every other means for restoring the healthy functions of the body.

I must now close this brief and imperfect essay perhaps rendered poorly by the little interesting matter which it contains but previous to concluding I must express my warmest thanks in return for the instruction and knowledge I have gained from attendance on your highly interesting lectures and that you may individually contribute by your useful labors to uphold the reputation of the first medical school in the new world is the sincere wish of one who is now constrained to claim a share of that indulgence and liberality by which you have been heretofore characterized.

Guris

